

INDIA

Total Country Population (2001) 1 billion

PVO Pilot (Phase 1, 1997-2001) coverage: 288,500

Capacity Building (Phase 2, 2002-2004) coverage: 7 million

Program Profile

LINKAGES-supported activities in India originated in 1997 at the request of three private voluntary organizations (PVOs) to develop a community model to improve infant and maternal nutrition in their existing programs. CARE's Integrated Health and Nutrition Program (INHP) focuses on child health and nutrition and operates through government anganwadi (child health and nutrition) centers in collaboration with the national Integrated Child Development Services (ICDS) and the Ministry of Health's Reproductive and Child Health Program. Catholic Relief Services (CRS) works through local Catholic diocesan organizations and nongovernmental organizations (NGOs). World Vision integrates sectoral activities in a community development approach through its Area Development Programs (ADPs).

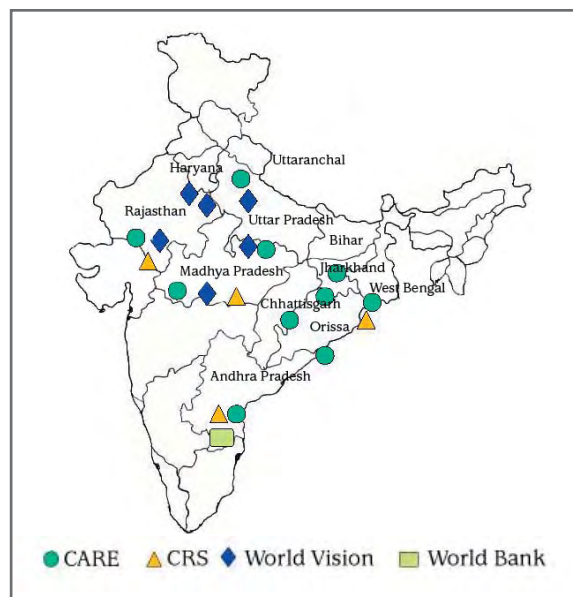
LINKAGES trained the PVO partners and government and community-based staff to apply an innovative behavior change communication (BCC) methodology to introduce or reinforce simple, culturally appropriate and effective infant and young child feeding practices (see page 2). After the practices were tested and adapted in Phase I (1997-2001), the partners replicated the approach more broadly in their programs throughout India in Phase II (2002-2004).

The main strategy of Phase II was capacity building of the PVOs' senior staff, managers, and trainers in the BCC methodology, formative research, and M&E. The impact of this training continues as those trained introduce new skills to others, extending program reach from pilot activities reaching less than 300,000 to an estimated 7 million people. Phase II activities also included increased involvement of government and NGO partners in policy and advocacy on infant and young child feeding and maternal nutrition.

Program Impact

To measure the impact of the BCC interventions, CARE and World Vision conducted end-line surveys one year after initiation of community activities in Phase I. CRS and World Vision conducted Phase II baseline surveys in 2002 and plan end-line surveys in late 2004.

April 1997-June 2004




CARE

From 1997 through 2004, LINKAGES helped CARE formulate and integrate a BCC strategy across INHP behaviors. Technical assistance was provided to train CARE staff and 8 INHP state teams to use materials to support BCC, develop training modules for health and community service providers, and modify CARE's monitoring system to track breastfeeding, complementary feeding, and maternal nutrition indicators.

Phase I end-line results from CARE's pilot project in Angarah Block, Ranchi District, Bihar, showed 82 percent of pregnant women receiving and consuming their food ration, compared with 38 percent in 1999. Only 47 percent of lactating women discarded colostrum in 2001, compared with 71 percent in 1999. The rate of initiation of breastfeeding within 1 hour of birth increased from less than 1 percent in 1999 to 6 percent in 2001, and the rate of exclusive breastfeeding up to 6 months more than doubled, from 12 percent to 28 percent.

Catholic Relief Services (CRS)

The CRS Bihar Child Survival Project in Dumka and Bhagalpur districts closed soon after formative research was conducted for the CRS/LINKAGES collaborative project. In 2001 CRS requested LINKAGES technical assistance to integrate BCC into its new Safe Motherhood and Child Survival (SMCS) Program. An internal process evaluation in 2004 concluded that LINKAGES technical assistance enabled CRS partner staff to promote good public health behavior through negotiation rather than simply passing out information through health education. An end-line survey is scheduled for November 2004.

Key elements of Behavior Change Methodology applied by PVOs		
Steps	Key elements	Activities
1	Baseline survey	<ul style="list-style-type: none"> CARE, Phase I: Surveyed 514 pregnant women, 868 lactating women with infants < 6 months old, 504 husbands of pregnant and lactating women, and 125 service providers on breastfeeding and maternal nutrition practices CRS, Phase II: Surveyed 1,007 mothers in 4 zones World Vision, Phase I: Surveyed 1,190 mothers of children under 1 year old in 49 communities
2	Formative research to understand local feeding and dietary practices, identify simple, affordable, and culturally acceptable changes in practices, and test strategies for their efficacy	<ul style="list-style-type: none"> Developed and pre-tested qualitative research instruments and protocols; trained interviewers; collected information using semi-structured interviews, 24-hour food recall, observation of feeding practices, and focus group discussions; analyzed data; conducted household trials of improved practices (TIPs) based on findings of the research Key findings of formative research: Delayed initiation of breastfeeding, discarding of colostrum, incomplete feeding from the breast, improper timing of the introduction of other foods and liquids, and reduced food intake during pregnancy
3	Strategy development workshop	<ul style="list-style-type: none"> Identified key messages and communication objectives Designed interventions and developed implementation plan
4	Materials and media development  <p>World Vision counseling card promoting breastfeeding</p>	<ul style="list-style-type: none"> CARE: Survey instruments, 17 counseling cards on breastfeeding and maternal diet, 2 cassettes with jingles and songs, “danglers” for public display, training manual on “Good Health in Pregnancy and Lactation,” home visit questionnaire, TOT module for field staff, scripts for radio spots and folk drama, national nutrition advocacy presentation developed using PROFILES computer-based software CRS: Formative research instruments, 20 counseling cards in Lucknow Zone, 30 counseling cards in Hyderabad Zone, and training manual on mainstreaming BCC into the SMCS Program World Vision: 19 counseling cards on breastfeeding and complementary feeding, wall chart of infant feeding messages for registered medical practitioners, training manual on infant feeding and counseling for field workers, danglers, drama scripts, TOT curriculum on breastfeeding and maternal nutrition, monitoring manual, block-level facilitator’s guide for capacity building of change agents and community development organizers, LINKAGES <i>Facts for Feeding</i> translated into Hindi, documentary video
5	Participatory training	<ul style="list-style-type: none"> CARE: 146 program staff and 359 health care providers trained in BCC, 9 staff trained in formative research and monitoring and evaluation of BCC programs CRS: 54 program and partner staff trained in qualitative research, 77 program and partner staff trained in BCC World Vision: 97 staff trained in formative research, 176 in BCC, 70 in HIV and infant feeding counseling, and 28 in mother-to-mother support group methodology; 53 health providers trained in BCC
6	Community interventions	<ul style="list-style-type: none"> Home visits, women’s groups, and community events such as health fairs, baby shows, and meetings with community leaders
7	Monitoring and evaluation	<ul style="list-style-type: none"> Phase I and II baselines and Phase I end-lines one year after initiation of community activities M&E tools for integration into PVO management information systems and training of staff in their use Computerized database for entering and using monitoring data (CARE)

World Vision

Both CARE and World Vision reported at the end of Phase I that LINKAGES had positively influenced service providers' accountability and confidence. The collaboration facilitated the establishment of easily managed monitoring systems and enhanced the visibility and focus of government health services.

The World Vision Phase I end-line survey in 2001 showed an increase in initiation of breastfeeding within 1 hour of birth from less than 1 percent at baseline to 22 percent at end-line. The proportion of mothers who gave their 6-10-month-old infants solid food along with breastmilk increased from 42 percent to 77 percent. Exclusive breastfeeding unexpectedly declined from 52 percent at baseline to 33 percent at end-line. The difference between the rates was primarily a result of an increase in plain or sugared water given in addition to breastmilk during months 2 through 5 and an increase in premature complementary feeding in months 3 through 5. The cause of these increases is unknown. World Vision will collect Phase II end-line results in late 2004.

Mainstreaming

LINKAGES' goal was to improve the knowledge and skills of PVO staff and their partner organizations to introduce innovations to improve infant, child, and maternal nutrition practices in pilot sites and then scale up these innovations in their programs. LINKAGES describes this process as *mainstreaming*: an organization's self-assessment of needs, testing and adapting an innovation to meet those needs, and making the innovation routine throughout its organizational structure.

In India

The PVOs' organizational structures provided a broad audience for mainstreaming. In Phase I BCC strategies were designed to fit within the partners' existing programs, all of which collaborated with government health and nutrition infrastructure. LINKAGES helped the partners develop strategic frameworks for programming BCC interventions and trained PVO and government staff in formative research, counseling and negotiation, and monitoring and evaluation. In a cascade approach, the PVOs then trained local NGO partners, some of which adopted the BCC methodology in their own sites. LINKAGES also helped the PVOs adapt or develop materials to reinforce BCC messages.

In Phase II the partners introduced the systematic, results-oriented BCC approach in additional

sites and states and applied the approach in other technical areas such as safe motherhood, family planning, and HIV and AIDS. All PVO health programs will now include modules on negotiation skills to train front-line health workers. All will include a BCC component in future funding proposals to USAID.

CARE adopted the village social mapping chart for its savings and credit programs and included counseling and negotiation skills in its change agents training program. The processes and lessons from LINKAGES' formative research methodology and materials in the pilot were incorporated into the second phase of the INHP in Madhya Pradesh and Uttar Pradesh. CRS and its partners mainstreamed the BCC methodology into 4 program sites.

For World Vision the value of the collaboration with LINKAGES was the potential to replicate the results of the pilot project in all 105 ADPs in India. In Phase I the BCC methodology was scaled up from Sehaspur to other blocks in Dehradun District and in Phase II, to 7 more ADPs in the North Zone. World Vision conducted trials of improved practices (TIPs) methodology in 8 ADPs, included maternal and infant nutrition in technical training for field staff, and adapted the home visit questionnaire revised by LINKAGES to use in other ADPs. Breastfeeding is now an indicator of success in all of World Vision's ADPs in India.

In addition to work with the partner organizations, LINKAGES responded to a World Bank request to use the BCC methodology in 5 districts in Andhra Pradesh. LINKAGES conducted a baseline survey and a training of trainers for 35 participants from 21 districts of Andhra Pradesh. LINKAGES will also provide BCC training for World Bank consultants.

Beyond India

The PVO partners have begun to mainstream the BCC methodology internationally. The BCC manual developed by CRS and LINKAGES is being used by CRS in Afghanistan, Sri Lanka, and several other countries. The former health manager of CRS India asked LINKAGES to help apply the BCC methodology in Sierra Leone.

World Vision saw collaboration with LINKAGES as a catalyst for promoting NGO and government services in Asia and beyond. A 2004 documentary by World Vision on mainstreaming the BCC methodology for improved health and nutrition in India is being distributed to World Vision offices around the world.

Lessons Learned

- ♦ Formative research and trials of improved practices help identify feasible practices.
- ♦ BCC interventions should be planned at project inception, and redesigned as necessary throughout the project's life.
- ♦ Intensive capacity building is key to sustaining the use of introduced innovations. Training should emphasize counseling, negotiation, facilitation skills, and field practice as well as technical skills. Projects should institute supervision and monitoring of trainees' counseling. Trained staff and partners need time to demonstrate acquired knowledge and skills through implementation, as well as continued technical assistance to adjust strategies.
- ♦ Consistent messages delivered through a mix of media and multiple authoritative sources reinforce and endorse optimal behaviors.
- ♦ Interpersonal counseling and negotiation address individual barriers to optimal dietary practices. Recommended practices are more acceptable to people who help identify them.
- ♦ Projects should include experienced M&E staff at the field level from the beginning.
- ♦ Mainstreaming is a long-term process that requires time, accountability, adequate human and financial resources, champions within the organization, and sustained leadership and commitment at all levels, all of which may lie outside of the control and timeline of the country partner.

Formative Research and Final Reports

- ♦ Aarogya. "Food and Nutrient Intake of Infants (2-12 Months) in Patna District: A Focus on Complementary Feeding Practices," 1999
- ♦ "CARE-India/LINKAGES for Improved Maternal and Infant Health: End of Project Report," 2001
- ♦ Hajeebhoy, N. et al, "Maternal Diet and Breastfeeding Practices in Angarah Block, Ranchi District, Bihar, India: Formative Research and Recommendations," 1998
- ♦ Kanani, S., "Formative Research Report: Behaviour Change Trials for Better Nutrition of Pregnant and Lactating Women in Angarah Block, Bihar," 1998
- ♦ Keith, N., and N. Hajeebhoy, "Breastfeeding and Complementary Feeding of Children under One Year, Sehaspur Block, U.P., India: Qualitative Research and Field Trials," 1998
- ♦ LINKAGES, "LINKAGES India Final Report (1997-2004)," 2004
- ♦ "Mainstreaming Brief: LINKAGES/India and CARE, CRS, and World Vision," 2004
- ♦ Talwar, P.P., et al, "Final Evaluation of CARE/LINKAGES Project for Improved Maternal and Child Health," 2001
- ♦ World Vision, "Final Evaluation Report: Improved Breastfeeding and Complementary Feeding of Infants under One Year, World Vision/LINKAGES ADP-Jagriti Project," 2002

LINKAGES is a USAID-funded global program managed by the Academy for Educational Development (AED) that provides technical assistance to organizations that promote breastfeeding. LINKAGES supports comprehensive country activities to improve exclusive breastfeeding and related complementary feeding and maternal dietary practices and to extend the offering of the lactational amenorrhea method as an effective, modern method of contraception.

For more information on the India country program and other LINKAGES activities, contact:

LINKAGES Headquarters

E-mail: LINKAGES@aed.org

Fax: (202) 884-8977

Phone: (202) 884-8221

Website: www.linkagesproject.org



WORLD LINKAGES is a publication of LINKAGES: Breastfeeding, LAM, and Related Complementary Feeding and Maternal Nutrition Program. LINKAGES is supported by the Bureau for Global Health, the United States Agency for International Development (USAID) under the terms of Grant No. HRN-A-00-97-00007-00 and is managed by the Academy for Educational Development. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

